Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

680122

TOTAL CLAIMS Column 1 Column 2 TYPE	CLAIMS AS FILED - PART I						SMALL ENTITY		OTHER THAN			
NUMBER FILED NUMBER EXTRA TOTAL CHARGEABLE CLAIMS Column 1 Column 2 Column 2 Column 3 Column 2 Column 3 Column 4 Column 4 Column 4 Column 5 Column 5 Column 6 Column 6 Column 7 Column 7 Column 7 Column 8 Column 8 Column 8 Column 9 Column 9 Column 1 Column 2 Column 3 Column 1 Column 1 Column 1 Column 1 Column 1 Column 1 Column 2 Column 3 Column 1 Column 1 Column 1 Column 1 Column 1 Column 1 Column 2 Column 3 Column 1 Column 1 Column 1 Column 2 Column 3 Column 4 Column 4 Column 5 Column 6 Column 6 Column 7 Column 7 Column 7 Column 8				(Column	1)	(Colu	mn 2)	TYPE		OR	SMALL	ENTITY
TOTAL CHARGEABLE CLAIMS	TOTAL CLAIMS			35				RATE	FEE]	RATE	FEE
NOBPENDENT CLAIMS	FC	DR	4	NUMBER	FILED	NUMB	SER EXTRA	BASIC FI	E 355.00	OR	BASIC FEE	710.00
NDEPENDENT CLAIMS	TOTAL CHARGEABLE CLAIMS			35 minus 20=		* 15		X\$ 9=		OR	X\$18=	270°°
135	NE	DEPENDENT CL	_AIMS	16 minus 3 =		* 13		X40=		OR	X80=	
TOTAL OR TOTAL 2020°	MULTIPLE DEPENDENT CLAIM PRESENT							+135=		1	+270=	
CLAIMS AS AMENDED - PART II	* If the difference in column 1 is less than zero, enter "0" in c						column 2	TOTAL			TOTAL	2020°°
Column 1 Column 2 Column 3 SMALL ENTITY OR SMALL ENTITY		С	LAIMS AS A	MENDED		<u> </u>	4		-			
REMAINING			(Column 1)		(Colu	mn 2)	(Column 3)	SMALI	ENTITY	OR		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	AMENDMENT A		REMAINING AFTER		NUM PREVI	IBER OUSLY		RATE	TIONAL		RATE	TIONAL
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
Hand		<u> </u>		<u> </u>		-	=	X40=		OR	X80=	
Column 1 Column 2 Column 3		FIRST PRESE	INTATION OF M	ULTIPLE DEF	ENDEN	CLAIM		+135=		OR	+270=	
Column 1)												
REMAINING AFTER PREVIOUSLY PAID FOR TOTAL OR ADDITIONAL FEE TOTAL ADDITIONAL FEE TOTAL TOTAL ADDITIONAL FEE TOTAL ADDITIONAL ADDITIONAL FEE TOTAL ADDITIONAL ADDITIONAL FEE TOTAL ADDITIONAL FEE TOTAL ADDITIONAL ADDITIONAL FEE TOTAL ADDITIONAL ADDITIONAL FEE TOTAL ADDITIONAL ADDITIONAL FEE TOTAL ADDITIONAL FEE TOTAL ADDITIONAL ADDITIONAL FEE TOTAL ADDITIONAL ADDITIONAL FEE TOTAL ADDITIONAL ADDITIONAL ADDITIONAL FEE TOTAL ADDITIONAL ADDITIONAL ADDITIONAL ADDITIONAL ADDITIONAL FEE TOTAL ADDITIONAL AD						_,		ADDIT. FE	E L	1011	ADDIT. FEE!	
REMAINING AFTER PREVIOUSLY PAID FOR TOTAL ADDITIONAL FEE Independent Minus Minu	_	Kanacanaka					(Column 3)			•		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	NDMENT B		REMAINING AFTER		NUM PREVI	IBER OUSLY		RATE	TIONAL		RATE	TIONAL
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
#135= OR +270= TOTAL ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS REMAINING NUMBER PRESENT PREVIOUSLY PREVIOUSLY PAID FOR Total Minus	AME	<u> </u>	*			T O1 4114	=	X40=		OR	X80=	
Column 1) (Column 2) (Column 3) CLAIMS REMAINING AFTER AMENDMENT Total Total Total ADDIT FEE OR ADDIT FEE ADDIT FEE		FIRST PRESE	NIATION OF M	ULTIPLE DEF	ENDEN	CLAIM		+135=		OR	+270=	
CLAIMS REMAINING AFTER AMENDMENT Total Independent FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT FEE ADDIT FEE ADDIT FEE ADDIT FEE ADDIT FEE OR ADDIT FEE OR ADDIT FEE OR TOTAL ADDIT FEE										1	TOTAL	
REMAINING AFTER AMENDMENT PREVIOUSLY PAID FOR PRESENT EXTRA Total Minus ** = X\$9= OR X\$18= OR X\$0= Independent Minus ** = X40= OR X80= FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR TOTAL ADDIT FEE ADDIT FEE If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT FEE ADDIT FEE ADDIT FEE ADDIT FEE							(Column 3)	ADDIT. FE		•	ADDIT. FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." * OR			REMAINING AFTER		NUM PREVI	IBER OUSLY		RATE	TIONAL		RATE	TIONAL
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* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." * OR			1	<u> </u>				X40=		1	X80=	
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" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT FEE		If the enterior of			0	- "0" :		+135=		OR	+270=	
	**	If the "Highest Nu	mber Previously P	aid For" IN THI	SPACE	is less tha	n 20, enter "20."			OR		

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER 680122

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